



HOME IMPROVEMENT CONTRACTOR APPLICATION

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 EMAIL: LICENSE@MILWAUKEE.GOV

LICENSE REQUIRED:

Contractor means any person, firm, partnership, corporation or limited liability company engaged in the business of installing, repairing, servicing, improving or remodeling any permanent installation or improvement attached to an existing home or building used for residence purposes but not exceeding 6 living units, accessory buildings, or any appurtenances thereto, or any sidewalks, driveway or other approaches to such building. This shall include, but not be limited to, roofing, walls, siding, windows, doors, floors, partitions, ceilings, porches, awnings, heating, furnace cleaning, air conditioning, chimneys, water softeners, humidifiers, purifiers, electrical installations, plumbing installations, concrete work, painting and sheet metal work.

EXEMPTIONS:

Licensed master plumbers licensed under the statutes of Wisconsin and licensed electrical contractor licensed by the city need not obtain contractors' and salespersons' license, but shall comply with all other aspects of Milwaukee Code of Ordinances.

LICENSE PERIOD:

Licenses issued in odd years are valid until February 28 of the next odd year. Licenses issued in even years are valid until February 28 of the next even year.

APPLICATION:

Obtain application from www.milwaukee.gov/license, the City Clerk License Division, City Hall, 200 E. Wells Street, Room 105, Milwaukee, WI 53202 or by calling (414) 286-2238.

LICENSE FEE:

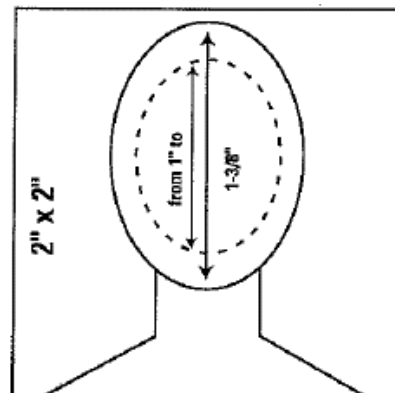
The \$200.00 license fee **must be submitted with application**. Checks made payable to the City of Milwaukee. (Credit cards are not currently accepted.)

SIGNATURES:

Notarized signatures of an individual, all partners, the agent or officer of a corporation, or the agent or a member of the limited liability company are required.

PHOTOGRAPHS:

If filing as an individual or partnership (pictures of all partners), two recent full-faced photos must be submitted with the application. No photos are needed for those filing as a corporation or LLC. **Polaroid photos are not acceptable.**



SALESMAN:

Any person who solicits or sells home improvements at any place within the city, other than the licensed business location, must be licensed as a salesman. Exemptions: Individuals, corporations which include only one person, or limited liability companies having only one member, which have been issued a home improvement contractor license, or licensed master plumbers licensed under the statutes of the state of Wisconsin, or licensed electrical contractors licensed under the code need not have a salesperson's certificate.

INSURANCE/BOND REQUIREMENTS:

The Certificate of Insurance must be issued for a **minimum** of one year. **The performance bond must expire March 1 in the year the license will expire.** Only original documents with actual policy numbers and the *full name* of the legal entity filing for the license are accepted, no copies or faxes. **Note: If an individual or partnership, the documents must be issued in the applicant's true first name, middle initial, and surname.** These documents are subject to approval by the city attorney. (Forms are available online at www.milwaukee.gov/license).

FINGERPRINTING:

All individuals, all partners, agents & officers of a corporation, or members of an LLC whose fingerprints are not on file with the Milwaukee Police Department must report to the Police Administration Building at 951 N. James Lovell Street (7th St), Room 305 to be fingerprinted by police personnel.

OCCUPANCY PERMIT:

Check with the City of Milwaukee, Development Center, Permit Desk, 809 N. Broadway, 1st floor, (414) 286-8211, <http://www.mkedcd.org/build/pdfs/occert.pdf> to determine if an occupancy permit is needed. Permit must be in the name of the same legal entity as the license applicant.

ISSUANCE:

It generally takes (4) to (6) weeks to process an application provided you follow the above instructions in a timely manner.

STATE CERTIFICATION:

All contractors must be State-Certified to be in Business. Contact WI Safety & Building Division P.O. Box 7969, Madison, WI 53707 or call 608-266-3151.

ENTITY REGISTRATION:

Corporation or limited liability company applicants must register with the State of Wisconsin Department of Financial Institutions - Division of Corporate & Consumer Services. If your legal entity has not been registered call (608-261-7577), <http://www.wdfr.org/>. The legal name registered must be the same as the legal entity name applying for the license.

SELLER'S PERMIT:

Contact the State Office Building, 819 N. 6th St. Room 408, or call (414) 227-4444 to determine if a Seller's Permit (tax number) is needed, <http://www.dor.state.wi.us/>.

ORDINANCES GOVERNING HOME IMPROVEMENT CONTRACTORS ARE LOCATED IN SECTION 95-14 OF THE MILWAUKEE CODE AND MAY BE VIEWED ONLINE <http://www.milwaukee.gov/ordinances> or purchased from the Legislative Reference Bureau in City Hall, Room B-11.


**City
of
Milwaukee**

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WEBPAGE: www.milwaukee.gov/license

Check one: ☐ Individual or ☐ Partnership (Fill out Section A, B, & D)
☐ Corporation or LLC (Fill out Section B, C, & D)

A	INDIVIDUAL OR PARTNERSHIP:	
	Full Name (Last, First & Middle Initial)	Full Name (Last, First & Middle Initial)
	Home Street Address:	Home Street Address:
	Home City, State, Zip Code:	Home City, State, Zip Code:
	Home Phone Number: () -	Home Phone Number: () -
	Date of Birth:	Date of Birth:
	Stockholder <input type="checkbox"/> Percentage of Stock %	Stockholder <input type="checkbox"/> Percentage of Stock %
B	Business Name:	
	Business Phone Number: () -	
	Business Address (include City, State, Zip Code):	
	Mailing Address - If different from above address (include City, State, Zip Code):	
C	Full Name of corporation or limited liability company:	
	<i>Agent:</i>	
	Full Name (Last, First & Middle Initial):	Home Address (include City, State & Zip Code):
	Home Phone Number: () -	Date of Birth:
		Stockholder <input type="checkbox"/> Percentage of Stock %
	<i>President/Member</i>	<i>Vice President/Member</i>
	Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
	Home Street Address:	Home Street Address:
	Home City, State, Zip Code:	Home City, State, Zip Code:
	Home Phone Number: () -	Home Phone Number: () -
	Date of Birth:	Date of Birth:
	Stockholder <input type="checkbox"/> Percentage of Stock %	Stockholder <input type="checkbox"/> Percentage of Stock %

OVER

C Cont.	<i>Secretary/Member</i>	<i>Treasurer/Member</i>
	Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
	Home Address (include City, State, Zip Code):	Home Address (include City, State, Zip Code):
	Home City, State, Zip Code:	Home City, State, Zip Code:
	Home Phone Number: () -	Home Phone Number: () -
	Date of Birth:	Date of Birth:
	Stockholder <input type="checkbox"/> Percentage of Stock %	Stockholder <input type="checkbox"/> Percentage of Stock %
D	<p>Has anyone listed in this application been licensed in this city as a contractor or salesperson under Chapter 95-14 (Home Improvement Contractor Ordinance) of the Milwaukee Code of Ordinances? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, list name and when licensed, if known: _____</p>	
	<p>The undersigned agrees to inform the City Clerk within five days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide the services offered under this license, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.</p> <p>I have knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.</p> <p>SUBSCRIBED AND SWORN TO BEFORE ME THIS</p> <p>_____ day of _____, 20_____</p> <p style="text-align: right;">(Individual/Partner/Agt or Officer of Corp/Member of LLC)</p> <p>_____ Notary Public, State of Wisconsin</p> <p style="text-align: right;">_____ Additional Partner</p> <p>My commission expires _____</p>	

Office Use Only:

Initials: _____ **Filed:** _____ **AD:** _____ **License #:** _____ **Issued:** _____

Identification Viewed: WI DL # _____

Other: _____

**HOME IMPROVEMENT CONTRACTOR'S
CERTIFICATE OF INSURANCE**

ccl-134e (11/03)

(Herein called Insurance Company)

Address _____
(Include CITY, STATE & ZIP CODE)

ISSUED TO THE CITY OF MILWAUKEE, 200 E. Wells St. Rm 105, Milwaukee, WI 53202

The company hereby certifies that it has issued to:

NAME _____

a general liability **POLICY NO** _____ **EFFECTIVE** _____, **20** _____,

EXPIRES _____, **20** _____, providing for limits of not less than \$25,000 per person, \$50,000 per accident, bodily injury liability, and \$10,000 property damage liability; provided, however, that the insurance afforded is subject to the terms, conditions, limitations, and exclusions of the policy.

Said policy provides that notwithstanding any other provision therein, ten days' written notice of cancellation, material change, expiration, or intent not to renew will be given to the City Clerk of the City of Milwaukee; otherwise such insurance as is afforded thereunder shall remain in full force and effect.

Dated this _____ day of _____, 20 _____

Signed _____

Authorized Representative

AFFIDAVIT

STATE OF WISCONSIN)
_____) ss
_____ County)

_____, being first duly sworn, on oath deposes and says that

he/she is the agent of the _____, insurer on the attached certificate issued
(Insurance Company)
to _____.
(Insured)

Affiant further deposes and says that no officer, official or employee of the City of Milwaukee has any interest, directly or indirectly, or is receiving any premium, commission, fee, or other thing of value on account of the sale or furnishing of said policy.

Signed _____

Authorized Representative

Subscribed and sworn to before me this

_____ day of _____, 20 _____

Notary Public, State of Wisconsin
My Commission expires _____

HOME IMPROVEMENT CONTRACTOR'S BOND

ccl-134f (12/05)

BOND NUMBER _____

KNOW ALL MEN BY THESE PRESENTS, That we, (principal) _____
 _____ as principal and

(surety) _____ as surety, are held and firmly bound unto the City of Milwaukee, in the penal sum of One Thousand Dollars (\$1,000.00) to be paid to the said City of Milwaukee, its successors and assigns, for which payment well and truly to be made, we bind ourselves and our heirs, executors and administrators, or successors and assigns, as the case may be, jointly and severally, firmly by these presents.

SIGNED AND SEALED AND DATED This _____ day of _____, 20____.

NOW THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the above bound Principal is granted a Home Improvement Contractor's Certificate, he/she shall comply with all provisions of Section 95 -14 of The Milwaukee Ordinances and shall perform and sufficiently complete all work engaged in as a result of being granted a contractor's certificate in accordance with the provisions of said ordinance and all other ordinances of the City of Milwaukee relating to home improvement work so as to protect fully health, safety and welfare of the public, then this obligation shall be void, otherwise to remain in full force and effect.

This bond shall become **EFFECTIVE ON** _____, 20____ and shall cover all work entered into by the principal under his/her certificate **until MARCH 1, 2008**, provided however, in no event shall the aggregate liability of the surety for all claims exceed the penal sum of One Thousand Dollar (\$1,000.00).

This bond may be canceled by the surety giving to the principal and to the City Clerk of the City of Milwaukee, written notice by registered mail of its intention to do so which cancellation shall be effective twenty (20) days after receipt of notice. (Corporations operating with seal, please affix).

In presence of:

 (Witness of Principal Representative Signature)

 (Witness of Attorney in Fact or Agent Signature)

 (Principal)

By _____
 (Signature of Principal Representative) (Title)

 (Surety)

By _____
 (Signature - Attorney in Fact or Agent for Surety) (Title)

STATE OF WISCONSIN)**AFFIDAVIT**

) ss
 _____ County)

_____, being first duly sworn, on oath deposes and says that

he/she is _____ of the _____,
 (Attorney in fact or Agent) (Bonding Company)

surety on the attached bond executed for _____
 (Name of Insured)

Affiant further deposes and says that no officer, official or employee of the City of Milwaukee has any interest, directly or indirectly, or is receiving any premium, commission, fee or other thing of value on account of the sale or furnishing of said policy.

Signed _____

Subscribed and sworn to before me this _____ (Notarized Signature of Attorney in Fact or Agent for Surety)

_____ day of _____, 20 _____

Notary Public, _____ County

My Commission expires _____, 20 _____

Office Use Only:

Approved as to form and execution.

_____ Date: _____, 20 _____

Assistant City Attorney